

MDR Tracking Number: M4-04-0409-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/05/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 72148-27 for date of service 9/30/02.

II. RATIONALE

Neither the Requestor nor the Respondent submitted EOBs. The Requestor submitted a U. S. Postal Service Certified Mail Receipt as proof the Carrier received request for reconsideration; however, this is the receipt and not a copy of the signed green card showing a Carrier signature and that they were actually in receipt of the Requestors request for EOBs. The Requestor did not submit convincing evidence the Carrier was in receipt of the Requestors request for EOBs in accordance with Rule 133.307(e)(2)(B). Therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 72148-27.

The above Decision is hereby issued this 27th day of January 2005.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd